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## **FEC FORM 5**

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

(c) Ox State and ZIP Code WASHINGTON DC 20004  2. Corporate filers only Individual filers o	1. (a) N	lame of Individual, (	Organization or Corporation  NN NETWORK INC	ang dadinion nonpi	
WASHINGTON  DC 20004  C Corporate filers only Is the filer a qualified nonprofit corporation? Yes No Individual filers only Name of Employer  Occupation  4. TYPE OF REPORT (check appropriate boxes):  (a) April 15 Quarterly Report  July 16 Quarterly Report  October 15 Quarterly Report  January 31 Year-End Report  10 19 2012  THROUGH  5. COVERING PERIOD: FROM  10 19 2012  THROUGH  7. TOTAL INDEPENDENT EXPENDITURES  Occupation  Under penalty of perjury Loertly that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were most made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were most made in Cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were most made in Cooperation, under the Commissions regulations	555 13TH STREET NW				
C   Corporate fillers only   Is the filer a qualified nonprofit corporation?   Yes   No   No   No   No   No   No   No   N	(c) C	City, State and ZIP C	Code		FEC Identification Number
Is the filer a qualified nonprofit corporation? Yes No  Individual filers only Name of Employer Occupation  4. TYPE OF REPORT (check appropriate boxes):  (a) April 15 Quarterly Report	WA	ASHINGTON	DC	20004	
4. TYPE OF REPORT (check appropriate boxes):  (a)					
(a) April 15 Quarterly Report  July 15 Quarterly Report  October 15 Quarterly Report  January 31 Year-End Report  b) Is this Report an amendment? Yes No  5. COVERING PERIOD: FROM  10 19 2012  THROUGH  10 20 2012  6. TOTAL CONTRIBUTIONS	Indi	vidual filers only	Name of Employer		Occupation
July 15 Quarterly Report  October 15 Quarterly Report  January 31 Year-End Report  b) Is this Report an amendment? Yes No   5. COVERING PERIOD: FROM  10 19 2012  THROUGH  10 20 2012  6. TOTAL CONTRIBUTIONS		4. TYPE OF REF	PORT (check appropriate boxes):		
24-Hour Report  October 15 Quarterly Report  January 31 Year-End Report  b) Is this Report an amendment? Yes No X  5. COVERING PERIOD: FROM  10 / 19 / 2012  THROUGH  7. TOTAL INDEPENDENT EXPENDITURES		(a) April 15	5 Quarterly Report		
District Report an amendment? Yes No ★  5. COVERING PERIOD: FROM  10 19 2012  THROUGH  10 20 2012  Contact Contributions  Total Independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation)? I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.  TYPE OR PRINT NAME OF PERSON COMPLETING FORM  SIGNATURE  [Electronically Filed]  stephanie fenjiro  10/20/2012				× 24-Hour Report	
b) Is this Report an amendment? Yes No X  5. COVERING PERIOD: FROM  10 19 2012  THROUGH  20 2012  6. TOTAL CONTRIBUTIONS		☐ Octobe	er 15 Quarterly Report		
5. COVERING PERIOD: FROM  10 19 2012  THROUGH  10 20 2012  6. TOTAL CONTRIBUTIONS		Januar	y 31 Year-End Report	48-Hour Report	
7. TOTAL INDEPENDENT EXPENDITURES	5. COVERING PERIOD: FROM  10  19  2012  THROUGH				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.  TYPE OR PRINT NAME OF PERSON COMPLETING FORM  SIGNATURE  [Electronically Filed]  stephanie fenjiro  10/20/2012		6. TOTAL CONT	RIBUTIONS		.00
suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.  TYPE OR PRINT NAME OF PERSON COMPLETING FORM  SIGNATURE  [Electronically Filed]  stephanie fenjiro  10/20/2012		7. TOTAL INDEF	PENDENT EXPENDITURES		600571.59
stephanie fenjiro  stephanie fenjiro  stephanie fenjiro  10/20/2012	suggestic	on of, any candidate or	authorized committee or agent of either, or any politica	I party committee or its agent	In addition, (if the independent expenditures reported
10/20/2012 10/20/2012	TYPE OR PRINT NAME OF PERSON COMPLETING FORM			SIGNATURE	
	stephar	nie fenjiro		stephanie fenjiro	10/20/2012
		NOTE: Submission	on of false, erroneous or incomplete information may su	bject the person signing this	_

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

5PG021 FEC **Schedule 5** (REV. 09/2005)